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PRIMARY SARCOMATOID TUMOURS OF THE LUNG: A PROGNOSTIC MULTICENTRE ANALYSIS OF 148 SURGICALLY TREATED CASES
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Objectives: Sarcomatoid lung carcinoma (SaLC) is a very rare and aggressive subtype of non-small cell lung cancer (NSCLC). To better understand the long-term results after surgical treatment and the main prognostic factors of such rare entities, we have revisited the clinical records of patients affected by SaLC in a large multicentre surgical series.

Methods: Among 6569 patients who underwent curative resection for NSCLC from January 2003 to December 2013 in 5 Institutions, 148 patients (2.2%) had sarcomatoid carcinoma. Clinical and pathological data were retrospectively reviewed. Kaplan-Meier method, log-rank test and Cox-regression analysis were used for the statistical analysis when indicated.

Results: The mean age and male/female ratio were 66.6 ± 9.9 years and 120/28, respectively. The main clinical, surgical and pathological features of the population are presented. Thirty-six patients (24.3%) had pathologic stage-I disease and 70 (47.3%) presented with mixed histological tumour (SaLC combined with NSCLC). The overall median and 5-year (LTS) survival were 17 months and 11.3%, respectively. During follow-up, 101 patients (68.2%) experienced a relapse of the disease [84 patients (57%) at distance]. Log-rank analysis identified the administration of preoperative PET/CT scan (LTS: yes = 17.9% vs no = 5.5%; P = 0.040), the surgical radicality (LTS: R0 = 13.2% vs R+ =0%, P < 0.001), the pStage (LTS: p-I = 13.2%, p-II = 10.6%, p-III = 6.3%, p-IV =0%; P = 0.001) as prognostic factors in SaLC patients. Finally, Cox regression analysis confirmed the administration of preop PET/CT scan (P = 0.021), the surgical radicality (P < 0.001) and the p-Stage (P = 0.022) as independent prognostic factors in such a cohort of patients.

Conclusions: Patients with primary SaLC have a poor prognosis after surgical treatment (overall 5-year survival = 11.3%), even in early stages (LTS: 13.2% in pStage-I). Such results imply that the role of surgery for primary SaLC is questionable and eventually limited (after an accurate preoperative staging) to “early-stage” tumours only. In this framework, stronger efforts should be made for target therapies development for such a rare entity.

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